

TRICARE Northwest
Region 11
Mental Health Consortium

LTC Stephen C. Vance, MC, FS

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Mental Health Consortium

“Partnering for mental health success”

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NWLA Briefing

1 April 1998

Overview

- *ISSUE*: Region 11 MHC
- *ACCOMPLISHMENTS*:
 - Inaugural Meeting: 28-29 Jan 1998
 - Second Meeting: 18-20 Mar 1998
- *FUTURE DIRECTIONS*:
 - Proposed Projects and Action Items

Why a Consortium?

- Geographic dispersion of MTFs
- Uneven distribution of Network MH providers
- Communication suboptimal between MTFs
- Inequality of MTF Info Mgmt Technology
- Large number of beneficiaries
- 4 uniformed services in Region 11
- Hx of less than satisfactory commo between MTFs
- Huge array of services provided, not all at each MTF - some redundancies, some deficiencies
- Efficient use of resources *key* to survival

Why a Consortium?

- Factors specific to the field of Mental Health
- Factors specific to the TRICARE Contract
- Factors specific to Region 11

Mental Health Factors

- Great diversity of “Providers”
- Unusually broad continuum of care
- Unusually broad scope of care
- Stigma for patients (Education!)
- Need for Practice Guidelines
- Strong interface with Primary Care

TRICARE Contract Factors

- The “8 - session” benefit
- UM Controls
- Resource Sharing

Region 11 Factors

- Large geographic area
- Remote beneficiaries
- Many facilities
- Many traditions

Our First Meeting

28-29 January 1998

GOAL: *Get these people TOGETHER!*

- Mental Health delegates from each organization in REGION 11
- Typically, MH Chief plus one other representative
- Contractor is included as vital partner

Charter Members

| | |
|--------------------|----------------------|
| ■ LtCol R. Pugh | Fairchild AFB |
| ■ Maj J. Schack | Fairchild AFB |
| ■ Ms. L. Blackwood | Foundation PsychCare |
| ■ Dr. R. Small | Foundation PsychCare |
| ■ COL N. Raiha | MAMC |
| ■ LTC S. Vance | MAMC |
| ■ LtCol W. Drew | McChord AFB |
| ■ Cpt W. Isler | McChord AFB |
| ■ CAPT E. Berdecio | NH Bremerton |
| ■ CDR J. Parker | NH Bremerton |
| ■ Dr. J. Beshore | NH Oak Harbor |
| ■ CDR G. Hudak | NH Oak Harbor |
| ■ COL S. Brammer | NWLA |
| ■ LTC L. Voepel | NWLA |
| ■ CDR A. Castro | USCG |
| ■ Ms. K. Gray | USCG |

Our Second Meeting

18-20 March 1998

GOAL: *Vision, Mission, Priorities*

- Wrote our Vision Statement
- Wrote our Mission Statement
- Established priority issues
- Learned about “Resource Sharing”
- Addressed “Child Mental Health”

Region 11 Mental Health Consortium

OUR VISION

We are the professional
leaders who address all
Mental Health issues in
Region 11.

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OUR MISSION

While meeting our unique military mission, we collaboratively determine, advocate for and achieve quality Mental Health Care through appropriate and effective use of resources.

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OUR PRIORITIES

- Become Managed Care Experts
- Put great emphasis on communication
- Get everyone talking “apples”
- Get data for make-buy decisions
- Exploit opportunities for Resource Sharing
- Be proactive regarding TriCare 3.0

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1st Research Proposal

Project Officer: CDR James Parker, USN

- Phase 1: Operationalize (standardize) our terminology for diagnoses and procedures throughout our Region. One ADS Sheet!
- Phase 2: Standardize our system of data collection.
- Phase 3: Take a systematic look at best practices throughout our Region.
- Phase 4: Use the data to guide financial decision-making regarding provider mix, distribution, treatment modalities (e.g., group, individual, IOP), etc.

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Future Directions

- Complete Common Terminology Study (Our version of the “Human Genome Project”!)
- Start collecting data throughout Region 11
- Employ that data in making decisions regarding the product line and delivering the full spectrum of MHC
 - For example: Closing Child Mental Health at MAMC
 - Or: Closing NH Bremerton’s Psychiatric Inpatient Service
 - Managing Substance Abuse treatment *efficiently* within Region 11

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Future Directions

- EBC: Can Mental Health be a “money maker”?
- Exploring telepsychiatry as a “force multiplier” for such critical shortage specialties as Child Psychiatry
- Add IOP (Intensive OutPatient) to our Continuum of Care Model
- Develop Outcome-based Treatment Plans

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Future Directions

- Explore initiatives to increase Network Provider interest in Prime (e.g., increase CMAC rate?)
- Continue to nurture the integration of Mental Health with Primary Care
- Keep the “Promise of Prime” for Mental Health

Future Directions

Challenges

- Maintain the spirit of innovative, outside-the-box thinking; and think *regionally!!*
- Standardize data; optimize info mgmt throughout the Region
- Build a Regional Mental Health System, from the ground up if need be, that truly *manages* the full continuum of care to the beneficiaries
- Explore *all* potential resources: Contractor, each MTF, VA, etc

The Region 11 Mental Health Consortium

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